

**CLAIMS ONLY**

**Application Number**

10/750270

**Filing Date**

Applicant(s)

- May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51					
2	/						52					
3	/						53					
4	/						54					
5	/						55					
6	/						56					
7	/						57					
8	/						58					
9	/						59					
10	/						60					
11	/						61					
12	/						62					
13	/						63					
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15	/						65					
16	/						66					
17	/						67					
18	/						68					
19	/						69					
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22	/						72					
23	/						73					
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25	/						75					
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27	/						77					
28	/						78					
29	/						79					
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31	/						81					
32	/						82					
33	/						83					
34	/						84					
35	/						85					
36	/						86					
37	/						87					
38	/						88					
39	/						89					
40	/						90					
41	/						91					
42	/						92					
43	/						93					
44	/						94					
45	/						95					
46	/						96					
47							97					
48							98					
49							99					
50							100					
Total Indep	3						Total Indep					
Total Depend	43						Total Depend					
Total Claims	46						Total Claims					